Child’s Name:

Date of Birth:

This child was reviewed by a team of volunteer clinicians during a pediatric screening event hosted by Special Olympics. The pediatric screening program is designed to identify healthcare and developmental concerns and needs in children 2-7 years old with or without intellectual disabilities. The screening process is not intended to make diagnoses or provide treatment, but rather to provide information, resources, and direct referrals to community health professionals for further evaluation and follow-up. Additionally, the pediatric screening serves to complement, not replace, a child’s regular well visits with their primary care provider.

Please accept this referral for further evaluation and management of the following concerns:

Find attached relevant results of assessments performed during the screening.

Regards,

Referring Physician’s Name:

Signature:

Date: ­­­­­­